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Cases (4) of intestinal anthrax, by A. Ya. Zaporozhchenko

Cases 1 and 2 were neighbors. They had butchered a sheep together, divided the carcass and meat, some of which was used for food that same day. No. 1 became sick that day; No. 2 the following day. The local veterinary health inspector's report of anthrax was confirmed by bacteriological examination.

Case 3 - P on 4th of April returned from Moscow. On 7 April gathered feed for his animals from freight cars outside the station. He felt fine on the 8th. During the next day he several times fed his animals with the food picked up. In the evening he drank a glass of vodka, ate pickles, tomatoes and boiled meat. That night he had sharp pains throughout his stomach. Temperature normal.

Clinical diagnosis: acute nephritis, anemia, perforated ulcers of the stomach. Death occurred on the 10th, after an illness of 26 hours.

Diagnosis after autopsy: acute hemorrhagic fever, acute intestinal and enteric bleeding, fatty degeneration of the liver, pleurisy of the left side, kidney stones. In blood smears from the enteric cavity bacillus anthrax was found.

It was learned that the family of the sick man bought branded meat. The sick man and members of his family ate this same meat. He only became ill. The veterinary health inspector reported that no case of anthrax had been known during 1938-39 throughout the entire neighborhood.

Source of infection must have been the straw and hay which the sick man picked up. Since none of the animals using this feed fell sick of anthrax, one must conclude that the sick man infected his hands with the straw and hay or soil of the station yard, and with the dirt of freight cars which were strewing straw and hay. In 1938-39 there were often shipments of animals, hides and animal raw materials through this station.

Case 4 - M ate meat obtained from private sources in a neighboring town. Veterinary health authorities stated that there had been no anthrax in the vicinity during 1938-39.

He was hospitalized with a diagnosis of perforated ulcers of the stomach. He had worked for several days, but was forced to leave work because of sharp pains in the stomach, nausea and vomiting. His condition worsened rapidly, his extremities were numb, pulse imperceptible. Exploratory laparotomy was done under local anesthesia. Alongside the intestine were dark masses, covered with mucous and fibrin. In the enteric cavity was observed a quantity of sticky liquid, yellowish. The patient died and was autopsied. Pathological diagnosis: perforated ulcer, peritonitis, bleeding from the stomach and intestines, hyperplasia of lymph nodes, mesentery and spleen.

From the Russian
by R. Fahrney